SeniorsFirst
Meals on Wheels, in-home care and more.

Legacy Gift Notification

I/We desire to continue our support beyond our lifetime and provide for the future well-being of Central Florida seniors with the understanding that this future commitment may be revoked or modified at any time.

_____ _____ _____ _____
Title First and Last Name Birthdate Signature Date

_____ _____ _____ _____
Spouse Title First and Last Name Birthdate Signature Date

_____ _____
Address City, State, Zip

(_____)_____ (_____)_____
Primary Phone Spouse Phone

_____ _____
Primary Email Spouse Email

☐ I would like my legacy gift to be anonymous.
☐ My/Our names may be published to encourage other legacy gifts as follows: _____
_____

Legacy Gift Details

Gift is included in:

☐ Last Will and Testament
☐ Living Trust

Gift should be used:

☐ Over _____ years
☐ To establish an endowment named:
_____

Approximate current value (optional):

$_____ %_____

Gift intention is: ☐ Unrestricted and/or for Greatest Need ☐ Specific Purpose/Program (s)

I have named Seniors First Foundation as a beneficiary of:

☐ Life Insurance Policy ☐ Retirement Asset ☐ Stock ☐ Bank Account ☐ Charitable Remainder Trust
☐ Charitable Gift Annuity ☐ Other: _____

☐ I am including a copy of the gift details of my estate document to advise Seniors First the language for my intentions. *This will be kept confidential and is optional.*

For more information on making a Legacy gift, contact Chief Development Officer, Lisa Whaley, at 689-305-45966 or Lwhaley@seniorsfirstinc.org